

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		50251.20
(b) Cash on Hand at Beginning of Reporting Period.....	81052.58	
(c) Total Receipts (from Line 19)	12213.18	90626.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93265.76	140877.94
7. Total Disbursements (from Line 31)	18822.84	66435.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74442.92	74442.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9738.40	66013.93
(ii) Unitemized	2474.78	24612.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	12213.18	90626.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12213.18	90626.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12213.18	90626.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12213.18	90626.74

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	322.84	954.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	322.84	954.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	65000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	480.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	480.76
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18822.84	66435.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18822.84	66435.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12213.18	90626.74
34. Total Contribution Refunds (from Line 28(d))	0.00	480.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12213.18	90145.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	322.84	954.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	322.84	954.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Richard Stotz

Mailing Address One Westbrook

Corporate Center, Suite 1000

City

Westchester

State

IL

Zip Code

60154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 8508150

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Roland Levin

Mailing Address 2637 Shadelands Dr

City

Walnut Creek

State

CA

Zip Code

94598-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Systems Development Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 8508153

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Lisa Dombro

Mailing Address 927 Prairie Avenue

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

06 / 30 / 2014

Transaction ID : PR11004811770

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

984.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Tracey E Ramsey Abbott

Mailing Address 8620 Burnet Rd, Suite 400

City State Zip Code
 Austin TX 78757

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN COM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR117492311770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Stephanie DeFranco

Mailing Address 525 Sycamore Drive

City State Zip Code
 Milpitas CA 95035

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR117492611770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Kathleen Kawa

Mailing Address 90 Glacier Avenue

City State Zip Code
 Westwood MA 02090

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR117493011770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

166.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Julia Brennan

Mailing Address 8 King Road

City
Rockleigh

State Zip Code
NJ 07647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR117493511770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Donald N Cantalupo

Mailing Address 100 Patterson Plank Rd, #313

City
Jersey City

State Zip Code
NJ 07307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR117601811770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Michelle Cowens

Mailing Address 516 Goldenwest

City
Huntington Beach

State Zip Code
CA 92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR117602011770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

166.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Robert D Crick

Mailing Address 3501 Moyers Circle, Suite 200

City State Zip Code
Masonic Home KY 40041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR117602111770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Joseph H Johnston

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR117602311770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Joseph Ruma

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR120637111770

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Brian Silva

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources & Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

06 / 30 / 2014

Transaction ID : PR124957111770

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial)

B. Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2499.91

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78835811770

Amount of Each Receipt this Period

384.60

P/R Deduction (\$384.60 Monthly)

Full Name (Last, First, Middle Initial)

C. Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City

Acton

State

MA

Zip Code

01720-4755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2499.91

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78836511770

Amount of Each Receipt this Period

384.60

P/R Deduction (\$384.60 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1153.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Robert P. Loeper

Mailing Address 10431 Oakbrook Dr

City
Tampa

State
FL

Zip Code
33618-5352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78837511770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

B. Allen Mills

Mailing Address 129 West Trade Street, Suite 1050

City
Charlotte

State
NC

Zip Code
28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78837911770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Monica Cobb

Mailing Address 5251 Dtc Pkwy Suite 500

City
Greenwood Village

State
CO

Zip Code
80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78839111770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
 Metairie LA 70002-4719

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR78839611770

Amount of Each Receipt this Period

76.00

P/R Deduction (\$76.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Deborah Harvey

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
 Marietta GA 30066-4451

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR78839711770

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Donna McCarthy

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
 Greenwood Village CO 80111

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fresenius Medical Care NA

Occupation
 Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : PR78839911770

Amount of Each Receipt this Period

230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

606.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR78840011770

Amount of Each Receipt this Period

134.00

P/R Deduction (\$134.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR78840111770

Amount of Each Receipt this Period

260.00

P/R Deduction (\$260.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Paul Zabetakis

Mailing Address 920 Winter Street
Suite 303

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : PR78840511770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

470.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Stephanie Curd

Mailing Address 1650 E. Greenville St, Suite H
Suite 10 C

City State Zip Code
Anderson SC 29621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Home Therapies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR78840611770

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

City State Zip Code
Atlanta GA 30339-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR78840711770

Amount of Each Receipt this Period

62.00

P/R Deduction (\$62.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Steven P Covino

Mailing Address 6 Williams Street

City State Zip Code
Waltham MA 02453-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.20

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : PR78849511770

Amount of Each Receipt this Period

96.16

P/R Deduction (\$96.16 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

168.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Carol A Ernst

Mailing Address 22370 N 64th Ave

City

Glendale

State

AZ

Zip Code

85310-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR78850011770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

B. Matthew D KinserMailing Address 750 Old Hickory Blvd Suite 230
Suite 230

City

Brentwood

State

TN

Zip Code

37027-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR78851511770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. Charles E Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR78853611770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

193.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mark R Fawcett

Mailing Address 100 Franklin Street

City

Arlington

State

MA

Zip Code

02474-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78855811770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd Suite 600
Suite 600

City

San Antonio

State

TX

Zip Code

78238-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78856511770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Nicole Devore

Mailing Address 801 Pennsylvania Ave NW Suite 225
Suite 225

City

Washington

State

DC

Zip Code

20004-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78857511770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jayme Patterson

Mailing Address 475 West 13th Street

City State Zip Code
 Ogden UT 84404

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR78859011770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Judith Moran

Mailing Address 2201 South Clinton Ave 2nd Floor
2nd Floor

City State Zip Code
 South Plainfield NJ 07080-1473

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR78860011770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Robert Sepucha

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR78860811770

Amount of Each Receipt this Period

384.62

P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

463.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Sandra Geraci

Mailing Address 262 Berenger Walk

City State Zip Code
West Palm Beach FL 33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78862911770

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Michael Ramsey

Mailing Address 4 Cubs Path

City State Zip Code
Hopkinton MA 01748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR78863111770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Geronia F Parlier

Mailing Address 6100 Dutchmans Lane, 8th Floor

City State Zip Code
Louisville KY 40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR79795911770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

156.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jenny Lee Fischer

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR79796511770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Thomas C Graham

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR79796811770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Terry L Ketchersid

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR79797611770

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

188.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Manikandan Pandi

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR79798311770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Catherine Dubinsky

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2014

Transaction ID : PR81310811770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C. William Fink

Mailing Address 32 Hartwell Ave

City State Zip Code
Lexington MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR83067511770

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Charles Michael Lynch

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2484.08

Date of Receipt

06 / 30 / 2014

Transaction ID : PR85848811770

Amount of Each Receipt this Period

2484.08

P/R Deduction (\$2484.08 Monthly)

Full Name (Last, First, Middle Initial)

B. Edda Spinelli

Mailing Address 511 N Brookhurst Street, Suite 100
Suite 100

City

Anaheim

State

CA

Zip Code

92801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR87330311770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Mignon Early

Mailing Address 124 Verdae Blvd

City

Greenville

State

SC

Zip Code

29650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR87330411770

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2584.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Kimberly Larsen

Mailing Address 1276 Kitson Street

City State Zip Code
 Sturgis MI 49091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR87360011770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City State Zip Code
 Chesapeake VA 23322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR93418911770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. William Crawford

Mailing Address 100 Galleria Parkway, Suite 1200

City State Zip Code
 Atlanta GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR93419111770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Katrina Demlow

Mailing Address 3300 Vista Way

City State Zip Code
Oceanside CA 92056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR93419311770

Amount of Each Receipt this Period

23.10

P/R Deduction (\$23.10 Monthly)

Full Name (Last, First, Middle Initial)

B. Steve Shaw

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR93420911770

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Gary Coyle

Mailing Address 920 Pierremont Street

City State Zip Code
Shreveport LA 71105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR93696211770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. David Gillon

Mailing Address 100 Galleria Drive, Suite 500

City State Zip Code
 Atlanta GA 30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR93697211770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Jeffrey Hymes

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR93697811770

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Gordon Jee

Mailing Address 32 Hartwell Ave

City State Zip Code
 Lexington MA 02421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR93698011770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

276.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William Perry

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : PR93698911770

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Peter Sauer

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : PR93699511770

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Richard Van Zandt

Mailing Address 920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President - Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : PR93700011770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

246.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Bernadette Vincent

Mailing Address 3850 North Causeway Blvd, Suite 14

City State Zip Code
 Metairie LA 70068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR9370011770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Barbara Williams

Mailing Address 5251 DTC Parkway, Suite 700

City State Zip Code
 Greenwood Village CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2014

Transaction ID : PR9370021770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. David Cariello

Mailing Address 2219 Hollywood Blvd, Suite 101

City State Zip Code
 Hallandale FL 33009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2014

Transaction ID : PR94193211770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Andrew Holstein

Mailing Address 630 West Germantown Pike, Suite 10

City State Zip Code
Plymouth Meeting PA 19462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

06 / 30 / 2014

Transaction ID : PR94193311770

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Patrick McCarthy

Mailing Address 82 Belcher Dr

City State Zip Code
Sudbury MA 01776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR94193611770

Amount of Each Receipt this Period

240.00

P/R Deduction (\$240.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Jayanta Ray

Mailing Address 5215 N. O'Connor Blvd, Suite 1100

City State Zip Code
Irving TX 75039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2014

Transaction ID : PR94193711770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph Winslow

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR9419411770

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

B. John Baldasaro

Mailing Address 32 Hartwell Ave

City State Zip Code
Lexington MA 02421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR9430511770

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Maria Burke

Mailing Address 129 West Trade Street, Suite 1050

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR9430531770

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Terri Carlton

Mailing Address 1534 N Hoskins Road

City State Zip Code
 Charlotte NC 28216

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR94305411770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

B. Susan Raulie

Mailing Address 6100 Bandera Rd, Suite 600

City State Zip Code
 San Antonio TX 78236

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR94307011770

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)

C. Richard Bove

Mailing Address 920 Winter Street

City State Zip Code
 Waltham MA 02451

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR99620411770

Amount of Each Receipt this Period

32.00

P/R Deduction (\$32.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

108.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michelle Wiest

Mailing Address One Westbrook Corporate Ctr, Suite

City State Zip Code
 Westchester IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, North Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR99869911770

Amount of Each Receipt this Period

153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)

B. Carolyn Latham

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR99993911770

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

9738.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address PO Box 75000

City	State	Zip Code
Detroit	MI	48275-0001

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : 8461583

Amount of Each Disbursement this Period

315.46

Bank Service Charge

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.46

315.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Marino For Congress

Mailing Address PO Box 653

City
WilliamsportState
PAZip Code
17703Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Tom MarinoCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : 8462360

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City
New YorkState
NYZip Code
10016Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Charles E. SchumerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : 8462655

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. John Lewis For Congress

Mailing Address P.O. Box 2323

City
AtlantaState
GAZip Code
30301Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. John LewisCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : 8462656

Amount of Each Disbursement this Period

2000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Transaction ID : 8490518Purpose of Disbursement
Direct Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Direct Contribution

State: TX District:

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Mailing Address 1231 W Northern Lts #605

City	State	Zip Code
Anchorage	AK	99503

Transaction ID : 8500169Purpose of Disbursement
Direct Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. Mark BegichCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Direct Contribution

State: AK District:

Full Name (Last, First, Middle Initial)

C. Marino For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Mailing Address PO Box 653

City	State	Zip Code
Williamsport	PA	17703

Transaction ID : 8506510Purpose of Disbursement
Direct Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Tom MarinoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Direct Contribution

State: PA District: 10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Mark Robert WarnerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 8506511

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Charles E. SchumerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 8506513

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Direct Cotribution

011

Candidate Name

Rep. Lucille Roybal-AllardCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 8506932

Amount of Each Disbursement this Period

1000.00

Direct Cotribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : 8509693

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 701 8th Street, NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Disbursement
Stop Payment - Freedom Fund

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 8514346

Amount of Each Disbursement this Period

-1000.00

Stop Payment - Freedom Fund

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston	State SC	Zip Code 29407
--------------------	-------------	-------------------

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : 8516064

Amount of Each Disbursement this Period

1000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Marsha BlackburnCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN	District: 07	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : 8516065

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Renee Ellmers RNCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NC	District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : 8516077

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

18500.00